An Inaugural Dissertation

on

Diphtheria.

Presented to the Faculty

of the

Homœopathic Medical College

of Pennsylvania.

For the degree of Doctor of Medicine.

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Rutland Mass.

Philadelphia Feb. – 67.

Diphtheria

Diphtheria or Diphtheritis signifies a specific constitutional affection and belongs to a class of diseases which are characterized by a tendency to the formation of false membranes.

It is believed by various authors, to be both Endemic, and Epidemic: and there seems to be a poisoning of the blood by some Specific zymotic cause, which we are, as yet unable, clearly to explain: but from its effects, which we see upon the nervous system, in the various forms of paralysis, many are led to the conclusion, that it is a purely nervous disease. We know of no disease, in which all the vital forces of the human organism, seem to be so suddenly prostrated as in this. Its characteristic symptoms evidently being those of blood poisoning, and the Specific virus, by vitiating the blood, is thereby circulated through the entire system, and the tissues, drinking

from an impure fountain, must nec-
essarily themselves be poisoned.
The albuminous portion is thrown off, and is
generally seen in a pseudo-membranous
deposit upon the tonsils and soft
palate; and it may appear upon any
of the mucous membranes of the system;
or it may appear in the form of al-
buminuria, and probably does, to some ex-
tent, in most cases.
It is generally believed that there is some
atmospherical influence, that at least
assists in its propagation and develop-
ment, as well as in the individual sus-
ceptibilities of persons to contract the dis-
ease. The disease must also find a
congenial soil in which to develop itself;
and this appears to be no very difficult
matter, many times, for it seems to attack
adults and middle aged, the strong and

the robust, as well as those of more tender years, and slender constitutions.
Some of the most severe cases we have ever seen, have been those of persons, who had heretofore, been the almost constant recipients of that boon, which is the greatest of natures blessings, Health, While on the other hand, some, who seem to have but feble constitutions, and but little blood, and that of poor quality, will, for some reason or other, get up much sooner, and with less of the after ills, or sequelae of the disease.
It is locally characterized by a highly congested state of the throat and fauces, swelling of the parotid and submaxillary glands, and tonsils, and sometimes of the thyroid, sub-lingual, and cervical glands.

The fauces appear very red; the papillae on the back part of the tongue are engorged and stand out more prominently, and there is soreness about the roots of the tongue, with difficulty of moving it.

There may be great dryness of the mouth, with heavily coated tongue, or there may be, and frequently is, a profuse flow of acrid and excoriating saliva, with extremely foetid odor from the mouth, which not only scents the room the patient occupies, but the whole house.

The first indications noticed, of the approaching disease usually are, more or less febrile excitement, and the almost never failing attendant symptoms of lassitude, debility, and prostration.

It is often the case, that patients will tell us, that they do not feel sick, but they feel so tired.

They will have dull, dragging pain in the back, in the head, and in fact all over there is felt a general langnor or malaise.

As a general rule, we do not believe the disease to be contagious like Scarlatina, Small-pox and Measles, but it may, and undoubtedly does become so under favorable circumstances; and the atmosphere may becom so impregnated, or poisoned, that it becomes Epidemic.

We believe the disease to be contagious to some extent in families where patients are sick with it, and especially where persons are taking care of, and are over them much, taking their breath, and constantly breathing the confined air of the rooms in which patients are sick.

The disease may also be innoculated.
Several cases are recorded, where the medical attendant, or others, who while examining the throat, have received the virus into their own eyes, nose or mouth from the patient, who in the act of coughing, has thus thrown out the saliva. Death from such innoculation has sometimes taken place within forty eight hours.
One of the characteristic symptoms in the malignant type is the great difficulty of deglutition; which we shall always find to be in proportion to the lesion of the parts involved and affecting the muscular contractility of those parts concerned in swallowing. The tonsils, in some cases being enormously swollen, and the Exudation so thick, and firmly adherent,

as to almost entirely occlude the passage. The swallowing of solids is often impossible, and fluids escape at the nose; and for this reason we are, many times, obliged to administer our remedies dry upon the tongue.

Sometimes this is reversed; at least, that relating to the swallowing of solids; for we sometimes find that, while the patient swallows liquids with the greatest difficulty, solids are swallowed with comparative ease; though in our own experience, we have seldom found this to be the case.

We have had one case, where the patient was able to swallow, only by holding the head back, and by having some one press firmly with the hands on each side of the head, over the ears.

This condition, no doubt arises from a

partial paralysis of the organs of deglutition, and in the malignant form of the disease, we shall very often find this to be the case.

"This paralysis often remains for weeks, and sometimes months after recovery: and in Allopathic practice, it not unfrequently remains apparently incurable.

"The severity of the disease is recognized by the great and sudden prostration of the patient, which we think is caused by some specific Zymotic poisoning of the life giving principle of the blood; and thus acting directly upon the great nerve centers of both animal and organic life; the symptoms of which are, a general disordered innervation.

We find patients, who after an illness of but a few hours even,

to be as much prostrated, as from a fever of as many weeks duration.

There has been at this time, no loss of blood, or other animal fluids, to which we could attribute the sudden prostration of the patient: consequently, we can attribute it to no other cause, than this, the sapping of the fundamental principles, the Dynamic vital forces of life itself; and we shall always find, that whenever there is a disturbance of the immaterial vital principle that sustains us in existence, and imparts to the material body the sensation and ability to perform its functions, that disease must necessarily follow, as an inevitable result.

"Hahnemann, in the Organon, says, "In the healthy condition of man, the immaterial vital principle, which ani-

mates the material body, exercises an absolute sway, and maintains all its parts in the most admirable order and harmony, both of sensation and action, so that our indwelling rational Spirit may freely employ these living healthy organs for the superior purpose of our existence." "The material organism, deprived of its vital principle, is incapable of sensation, action, or self preservation; it is the immaterial vital principle only, animating the former in its healthy and normal condition, that imparts to it all sensation, and enables it to perform its functions."

In the malignant form of diphtheria, we often have hemorrhage from the nose, which we account for on the ground, that the ichorous and corroding discharge which is so frequently present,

leaves the capilaries so open and sensitive that the poisoned and thinned blood, which, having been deprived of a portion of its albumen, transudes very easily.

During the first few years of the diphtheria epidemic in this country, it was quite often formed in connection with Scarlet-Fever; but it is much less common at present. Such combinations are generally considered to be of a serious character; We have never, in our own practice, seen but a single case, among some seventy-five patients treated since 1862.

If, in the second week of Scarlet Fever, Diphtheria sets in, as it did in the case just referred to, we may expect a severe case to deal with.

Although we do not, of late, so often

fined Diphtheria in combination with Scarlet Fever, we do quite often find it, in its malignant form, to be complicated with, or followed by Diphtheritic or Membranous Croup; It is usually of a secondary nature, and the Pseudo membrane is generally conceded to be albuminous. While that in true Membranous Croup is fibrinous; although in reality, the difference is but slight.

Croup is inflamitory, while Diphtheria is of an asthenic character.

Children who are subject to Croup, will, if attacked with Diphtheria, be most likely to have a combination of the two diseases.

My own child, having had Membranous Croup less than a year previous, was attacked with Diphtheria, which was very soon followed by Croup Symptoms:

both however, at length succumbed to the
Homeopathic remedy.
In Diphtheria, and Diphtheritic Croup, the
cause is traced to the peculiar condition
of the blood, and the morbid action
of the nerves.
The blood cannot perform its normal
functions, on account of the preternatural waste of albumen from
the blood plasma, by the formation
of the false membrane, or by being,
as is frequently the case, thrown off
in large quantities in the urine;
Croup is not supposed to be connect-
ed with any peculiarity of the blood
crasis, but is more especially a disease
of the larynx and trachea, and leaves
no scar behind, nor paralytic affection,
while Diphtheria often does.
Albuminuria is frequently present, and

perhaps always, to some extent, together with a diminution of the secretion of urine.

Losses of albumen by unnatural outlets, as in albuminuria, and the formation of pseudo membranous deposits, as in diphtheria must necessarily be characterized by a corresponding decrease of its relative proportions in the blood The tonsils and soft palate seem to be the favorite localities for the membranous deposit, but in malignant cases, it is liable to make its appearance upon any of the mucous membranes in the system, or upon an abraided surface.

Cases quite frequently occur, where it is not seen at all in the mouth or throat, but is confined almost exclusively to the nares of the nose, and sometimes

even destroying a portion of the Septum. Membranous casts are sometimes formed, filling the entire anterior portion of the nostril. Such cases have had the febrile symptoms, the prostration and all the characteristics of Diphtheria Maligna, and we have formed such cases to be even more difficult to treat, than those of the ordinary kind.

We have seen one case, where an Eye alone was the seat of the disease, and for two or three weeks, it seemed as though the entire eye must be destroyed. The inflamation and swelling was so great for a time, as to wholly shut out the eye from view, and the Plastic membranous deposit appeared upon the inside of the lids, and large quantities of very offen-

sive matter was discharged from the eye.
After the disease had disappeared, the eye
gradually returned to its normal State,
though the pupil remained somewhat
contracted for months afterwards.

Diphtheria is usually accompanied by anorexia, which may perhaps be owing
to the unnatural condition of the mucous membrane, thus destroying, or rather
or, deranging the function of digestion,
and thus destroying the local sensations
which afford the foundation for a healthy appetite

Only a few years ago, Diphtheria was
thought by many to be a new disease;
but its history has been traced back
to 1337 and 1357, when it prevailed
in Holland; and in 1576 it appeared in some parts of France, and in
1590 in Spain.

It raged as an epidemic in Sweden
from 1773 to 1785.
Since then it has appeared in various
parts of Europe, but was not much
known here in the United States till
about 1838.
In the winter of 1858 & 9, there were
some two hundred and fifty deaths
from Diphtheria in the City of Albany
N.Y. in a few months.
Various other places about the same time
or soon after were similarly afflicted,
and a general consternation seemed to
seize upon the people in many places.
Some predicting that the horrible plagues
of ancient Egypt, or something worse,
were about to be inflicted upon the
people of this country.
We must confess, that the fears of the
people were not entirely groundless,

for Medical Skill was formd to be utterly incapable to cope with the dread disease.
Even our best, and most noted Physicians,
during the first few years, had but in-
different success in its treatment.
The disease became Epidemic in many
places, and in numerous instances, whole
families were swept off in a few days,
and in almost numberless cases, have pa-
rents, surrounded with a lovely family of
children, blooming with beauty and health,
been left, even in a few short days, utterly child-
less and dessolate: one after another has
been taken, till all are gone: and the terrible
reality can scarcely be realized, as, from day
to day, they attempt to go about their ac-
customed business: the morning comes,
and with it, perhaps, the pleasant sun-
shine, and balmy air, but all is silent
now. No pattering of little feet is heard

upon the chamber stairs, nor the merry voice
of happy childhood, alas! all is now hushed
in death. No little arms are now lifted up
to twine about the mothers neck. At the ta-
ble too, the now vacant chairs are ever re-
minding the parents of the dear ones, who
but so lately occupied them.
The disease, formidable as it is becomes amen-
able to treatment, and the intelligent Phys-
ician may, with the carefully selected
remedy, and the grand law of the
"Similia" to guide him, be able, if called
in season, to bring nearly every case
to a successful termination; and judg-
ing from our own experience, we believe
that the remedy, if it be carefully selected
according to the Homoeopathic law. be it high
or low, will cure the case.
We would of course make an exception in all
such cases as are grossly cared for, or receive

little or no care from parents or nurses at home for we very well know, that however correct our diagnosis maybe, and however carefully we may select our remedy, our efforts, unless seconded by the nurse, prove all unavailing.

As to what potency, it is best to use, we have only to say: The Physician must decide that for himself. Our own experience has been with the low, until within the past twelve months, and we have never lost but a single case, and that was of Diphtheritic or membranous croup, and occurred among our first cases treated.

During the past year, we have used the higher attenuations, viz, from the two hundredth up, and invariably with good success. We have become convinced, that the higher attenuations of some of our remedies act much more promptly, more decidedly, and cure more

permanently than the Low.

"The conviction is constantly being forced upon our minds, in our every day practice, that, in order to be successful, we must individualize our cases; and if we do not, we shall most certainly fail.

"To prescribe without becoming sufficiently acquainted with the case, is what we cannot, sometimes, well avoid: for it very often happens, that a patron comes to our office for medicine for some member of their family, and we get the symptoms as well as we can, and find the remedy; it may be curative or it may be, not only the remedy they ought not to have, but one that will do positive harm: and we can only correct the evil, if, fortunately the patient is made sufficiently worse to cause alarm and we are called in time to administer the remedy that is Homeopathic to the case.

A case like the one just spoken of, occurred in our own practice, only a few months ago. A little girl being sick with Diphtheria, her Father called to get some medicine for her. her little sister, who had it only the week before, and was prescribed for without seeing her, had received a few doses of the Biniodide of Iron, and had got well.

The same Remedy was sent to this one, but, as a remedy will not always cure a disease of the same name, in different individuals, so in the present case, the little girl, instead of improving under the remedy that had cured her Sister so promptly, got worse rapidly, and the next day, I was sent for. Her condition was found to be one calling for Kali. Bi. instead of the Biniodide. The little girl was nine years old, frail and delicate, light hair and blue eyes.

I saw at once, as we very often shall, what the Remedy was. and an examination of the patient, only the more strongly confirmed me in my choice of the Remedy. The copy mucus, stringing down over the chin, which is so characteristic of this Remedy, led me, almost at once to its Selection: and, besides the abundant exudation upon the tonsils, soft palate, and pharynx, she had a croupy cough, and her whole condition so closely resembled that of scores of others, that I had cured with this remedy, that I had no hesitation in deciding what to give.

She received three powders of the Kali. Bi. 2c dry, on the tongue, and afterwards, Sac. lac in water. She received no more Medicine. The cough left first, then the exudation began to come off about the third day, and in about ten days, she had fully recovered.

We had a report of some ten or twelve cases, which we intended to give, but perhaps we have already wearied the patience of the reader, and we will only give a case or two more.

We make no boasts of superior judgement, or extraordinary skill in our treatment of the disease, but we do think that the number of Physicians who can show a larger per cent of cures is, to say the least, not numerous.

It is posible, and perhaps probable, that a different remedy, in some cases, would have been more truly Homoeopathic, and would have restored the vital forces to their normal action sooner; but we administered the remedy according to our best judgement at the time, which is all we can ever do, and we are pretty apt to be satisfied with this ourselves, and the community with us, if we cure our patients.

I well remember my first case of Diphtheria
It occured in the Summer of 1862, and I
must acknowledge that I did not Know that
it was Diphtheria, till after it was cured.
The Symptoms were taken as they presented
themselves and treated accordingly.
Never having, at this time, read any works
upon Diphtheria, the case was supposed to
be one of ulcerated Sore Throat, and here
is where we see one of the beauties of the
Homoeopathic Theory. The disease is cured,
although we may misname it, if treated
according to its Symptoms.
This patient, (Miss H.L.) was a young Lady of 16.
I found her complaining of a heavy pulsa-
ting headache, pains in the back, sore throat
and difficulty of swallowing.
Her eyes were somewhat injected, and were
quite sore on turning them; the mouth was
very red, and the tonsils much swollen,

and appeared to be covered with little ulcers, and the fauces also presented the same appearance. She received Bell. 3rd in water. This was continued till the third day, but there was no improvement.

The throat gradually grew worse, and what had at first appeared like little ulcers, had now become deeper, and had spread to adjoining parts: deglutition was more difficult, and the breath very offensive. The exudation now covered both tonsils, and she complained of a severe burning, and pricking sensation in the throat. The 6th dilution of Nit Ac was now given, which seemed to alleviate her sufferings in a short time. The exudation began to come off the next day; and at about the eighth day, it had entirely disappeared, and she had regained her usual health.

One year ago, when at home, Spending the Christmas Hollydays, I was called to attend a little boy three years old, son of M.E.H.

His twin brother, having had Diphtheria, had died, and was buried on the day previous to my arrival.

The one to whom I was called was having Homoeopathic Treatment. (The other had not) I was unable to find out what Remedy the child was taking, but found that it was taking Remedies from two tumblers in tea-spoon full doses, with a third Remedy held in reserve, to be taken as the case might seem to require.

The case seemed almost hopeless, but the parents, although they expected that their child must die, they were anxious that everything should be done that could be, to alleviate its sufferings, and wished me to take charge of the case, which with a

good deal of reluctance, and many misgivings I did. telling them at the same time, that I would do all I could, but I could not give them much encouragement of the childs recovery, for the disease seemed to be making rapid strides, and unless something could be done soon, to arrest it, its little lamp of life must soon go out.

The case presented the following symptoms. Extreme prostration, and insensibility to things occurring in the room: all the glands about the throat and neck enormously swollen, and even the cellular tissue seemed to be puffed up: A profuse vitid Salivee was running from the mouth in strings. The tonsils, uvula and curtains of the palate were found to be nearly covered with the exudation, there were also, large spots or patches in the pharynx and it was evidently, already invading the

Larynx itself, and Diphtheretic, or membranous croup seemed almost inevitable.
The little chest would heave at each inspiration, and the head be thrown back, and the chin drop as if attempting by this means to get more air into the Lungs.
There was also an occasional drowing cough. I had decided what remedy to give, almost as soon as I entered the room. Therefore I lost no time but gave a dose of Kali. Bi. 2 C. dry on the tongue immediately, and prepared more in water to be given a teaspoonfull every half hour through the day, if awake.
The parents had not dared to let him sleep, fearing he would suffocate.
In a few hours his breathing seemed relieved. He rested better, and did not cough as much. The next day he was decidedly better, and improvement